

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123585

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FOCUS INSURANCE PARTNERS, LLC

**Current Principal Place of Business:**

111 E COLLEGE AVENUE  
2ND FLOOR  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2019 CENTRE POINT BLVD.  
SUITE 102  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 10853  
TALLAHASSEE, FL 32302

**New Mailing Address:**

PO BOX 15283  
TALLAHASSEE, FL 32317

**FEI Number:** 61-1553141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICKER, ROBERT L  
1750 MARSTON PLACE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

RICKER, ROBERT L  
2019 CENTRE POINT BLVD.  
SUITE 102  
TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT L. RICKER

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RICKER, ROBERT L  
Address: P.O. BOX 15283  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT L. RICKER

MGRM

01/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date